

USPTO-2006-020000000000

## **Application Data Sheet**

### **Application Information**

Application number::  
Filing Date:: 02/07/02  
Application Type:: Regular  
Subject Matter:: Utility  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: GENERATION OF MULTIPLE EMBRYO MAIZE  
Attorney Docket Number:: 023070-121500US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: R.

2025 RELEASE UNDER E.O. 14176

Family Name:: Gallie  
Name Suffix::  
City of Residence:: Riverside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 3121 Newell Drive  
City of Mailing Address:: Riverside  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92507

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Todd  
Middle Name:: E.  
Family Name:: Young  
Name Suffix::  
City of Residence:: Riverside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 990 Central Ave., Apt. 136  
City of Mailing Address:: Riverside  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 92507

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

200207220001